

# 12-09-4 PART B -- FEE(S)-TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/044,594	01/10/2002	Philip G. Sweeny	5408/0A237-US2	4720

TITLE OF INVENTION: HYDANTOIN-ENHANCED HALOGEN EFFICACY IN PULP AND PAPER APPLICATIONS

12/10/2004 HUUONG2 00000004 10044594

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	02/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HRUSKOCI, PETER A	1724	210-755000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Darby & Darby
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 12/14/94 R/F: 7294/0748**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Lonza Inc. Fair Lawn, New Jersey**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed. \$1370.00 \$1400
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jay P. Lessler

Date 12/8/04

Typed or printed name Jay P. Lessler

Registration No. 41,151

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